

## ANNEXURE.

## DEPARTMENT OF HEALTH, MYSORE.

Certificate No.....

BUREAU OF LABORATORIES,  
VACCINE INSTITUTE,

Bangalore.....1932

This is to certify that.....has been trained in this Institute  
from.....1932 to.....1932. He is qualified to be employed as a Public  
Vaccinator. His conduct during the period of training was.....

CASTE.....AGE.....PLACE OF BIRTH.....

Identification Mark.....

Thumb Impression Right.....

Thumb Impression Left.....

Father's Name.....

Signature of Candidate.....

Date.....

Superintendent..

Countersigned

Director of Health in Mysore.